# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 05, 2003 8:00 am**
**Secretary of State**
02-05-2003 90035 034 ****50.00

DOCUMENT # L02000016023

1. Entity Name

La Placida Real Estate Development, L.L.C.

20023513

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1820 N. Corporate Lakes Blvd | P.O. Box 268014 |
| Suite, Apt. #, etc.: Suite 304 | Suite, Apt. #, etc.: — |
| City & State: Weston, FL | City & State: Weston, FL |
| Zip: 33331 Country: U.S.A. | Zip: 33326 Country: U.S.A. |

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3691431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. **Name and Address of Current Registered Agent**

Name: Fernan Restrepo

Street Address (P.O. Box Number is Not Acceptable): 1365 Victoria Isle Drive

City: Weston FL Zip Code: 33327

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: No Change in Registered Agent — DATE
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

| | | | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Matthew T. STAAB<br>4177 Staghorn Lane<br>Weston, FL 33331 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Fernan Restrepo<br>1365 Victoria Isle Drive<br>Weston, FL 33327 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Luis E. Garcia<br>1384 Victoria Isle Drive<br>Weston, FL 33327 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Matthew T. Staab Matthew T. STAAB 1/16/03 954-349-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #